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## FACSIMILE TRANSMISSION

Total # of Pages 5 (Including this page)

| TO:                      | PHONE #: | FAX #:       |
|--------------------------|----------|--------------|
| Commissioner for Patents |          | 571-273-8300 |

From : Antoinette F. Konski  
Email Address : akonski@foley.com  
Sender's Direct Dial : 650-251-1129  
Date : December 5, 2005  
Client/Matter No : 062287-2120  
User ID No : 09417

### MESSAGE:

Re: U.S. Patent Application No. 08/596,221

Please find enclosed:

1. Notice of Appeal From the Examiner to the Board of Patent Appeals and Interferences.

If there are any problems with this transmission or if you have not received all of the pages, please call 650.856.3700.

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Cover Page 1 of 1

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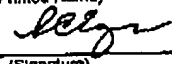
SINCA 27243.1

DEC 05 2005

Atty. Dkt. No. 062287-2120

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Thomas A. SILVESTRI  
Title: SEGMENTED PLIABLE  
INTRASTROMAL CORNEAL  
INSERT  
Appl. No.: 08/596,221  
Filing Date: 7/15/1996  
Examiner: Dave WILLSE  
Art Unit: 3738

|   |
|---|
| <b>CERTIFICATE OF FACSIMILE TRANSMISSION</b><br>I hereby certify that this paper is being facsimile transmitted to<br>the United States Patent and Trademark Office,<br>Alexandria, Virginia on the date below. |
| Esther Lily C. Esquerro<br>(Printed Name)   |
| <br>(Signature)  |
| December 5, 2005<br>(Date of Deposit)   |

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from  
the decision of the Examiner in the Final Office Action dated July 5, 2005, finally  
rejecting Claims 23, 24, 28, 30-37 and 40-44.

- ☒ Applicant claims small entity status.
- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for  
two (2) months.
- ☒ Notice of Appeal Fee
- ☒ To be paid as detailed below
- ☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

12/06/2005 TL0111 00000072 500072 08596221  
01 FC:2401 250.00 DA

12/06/2005 TL0111 00000072 08596221  
02 FC:2252 225.00 DA

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|                                     |   |          |
|-------------------------------------|---|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee                                  | \$500.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the second month: | \$450.00 |
|                                     | FEE TOTAL:  | \$950.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above):        | \$425.00 |
|                                     | TOTAL FEE:  | \$425.00 |

☒ Please charge Deposit Account No. 50-0872 in the amount of \$ 425.00. A duplicate copy of this transmittal is enclosed.


☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: December 5, 2005

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By 

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